

81

MOUNTAIRE

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Request 7-28-04 Dept Livehaul

Employee Name: Herman Jernigan SS# 221-30-3547 ☒ Hourly
☐ Salaried

VACATION:
☐ Other _____ Time Requested FROM _____ TO _____
☐ Full Day Date Requested _____
☐ Extended Period Dates Requested FROM _____ TO _____

FLOATING HOLIDAY:
Date Requested 7-28-04 Calendar (circle one) Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Herman Jernigan Date 7-28-04

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources DATE OF HIRE: 7-25-94

<u>Vacation</u>	<u>Floating Holidays</u>
1) Total Days Eligible: _____	Total Days Eligible: _____
2) Days Taken: _____	Days Taken: _____
3) Days Requested: _____	Days Requested: _____
4) Days Remaining: _____	Days Remaining: _____
(1 - 2 - 3 = 4)	

Human Resources Representative's Signature _____ Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Hills</u> <u>7-28-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapprove <input type="checkbox"/> _____ Signature Date	

NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

EXHIBIT

6869-169-009 DIVISION

A00285

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>7-8-04</u>	Dept. <u>Livestock</u>
Employee Name: <u>Herman Jernigan</u>		SS# <u>221-30-3547</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> Other <u>Money Only 3wks.</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Herman Jernigan</u>		Date <u>7-8-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>7-25-94</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	Total Days Eligible: _____		
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Helms</u> <u>7-8-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

POSTED

MOUNTAIRE
Request for Vacation or Floating Holiday

SECTION 1 *To Be Completed by Employee* Date of Request 5-3-04 Dept. Livehaul

Employee Name: Arthur Belfield SS# 222-50-2037 ☒ Hourly
☐ Salaried

VACATION:
☒ Other Money Only Time Requested FROM _____ TO _____
☐ Full Day Date Requested _____
☐ Extended Period Dates Requested FROM _____ TO _____

FLOATING HOLIDAY: (circle one)
Date Requested _____ Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Arthur Belfield 5-3-04
Employee Signature Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 *To Be Completed by Human Resources:* DATE OF HIRE: 5 / 15 / 03

<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible:	_____	Total Days Eligible:	_____
2) Days Taken:	_____	Days Taken:	_____
3) Days Requested:	_____	Days Requested:	_____
4) Days Remaining:	_____	Days Remaining:	_____
(1 - 2 - 3 = 4)			

Human Resources Representative's Signature _____ Date _____

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Larry Hill</u>	<u>5-3-04</u>	_____	_____
Signature	Date	Signature	Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____	_____	_____	_____
Signature	Date	Signature	Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>4-21-04</u> Dept. <u>Live haul</u>	
Employee Name: <u>James H. Gibbs</u> SS# <u>221-30-3674</u>		<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> Other <u>3 Wks. Money Only</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>James H. Gibbs</u> Employee Signature		<u>4-21-04</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>05 / 09 / 94</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____	Total Days Eligible: _____		
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Larry Gibbs</u> Signature	<u>4-21-04</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>4-21-04</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Donald L. Gibbs</u>		SS# <u>222-40-0288</u>	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> Other <u>3Wks Money Only</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Donald Gibbs</u> Employee Signature		<u>4-21-04</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>05 / 09 / 94</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	Total Days Eligible: _____		
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature: _____		Date: _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Gibbs</u> <u>4-21-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

Time Off Request Form

Name LEONARD E AYRES S.S.# 222-50-6258

Date of Hire 8-17-98 Department Live Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5680

(CHECK ONE):

Vacation _____

Personal/Floating

Holiday - Calendar ☒

Personal/Floating

Holiday - Anniversary _____

Day/Date(s) Requested 6-26-01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Leonard E Ayres
Employee's Signature

Date

6-28-01

01 JUN 29 01

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

Larry H. B.
FOREMAN'S SIGNATURE

DATE

6-28-01 ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

PAYROLL
JUN 29 2001
WEEK ENDING

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FORM 011 w/rdm
September 23, 1999

A00291

MOUNTAINE
Time Off Request Form

Name Leonard E Ayres S.S.# 222-50-6258

Date of Hire 8-17-98 Department Live Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5620

(CHECK ONE):
 Vacation



Personal/Floating
 Holiday - Calendar

Personal/Floating
 Holiday - Anniversary

Day/Date(s) Requested 8-30-01 1 W.K.?

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Leonard E Ayres
 Employee's Signature

8-23-01
 Date

31 AUG 24 '01

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

Larry Hill
 FOREMAN'S SIGNATURE

DATE

8-23-01 ☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

FORM 011 wpr:lee
 September 23, 1999

A00292

MOUNTAINEER
Time Off Request Form

Name LEONARD E. Ayres S.S.# 222-50-6258

Date of Hire 8-17-98 Department Lide Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

<p>(CHECK ONE): Vacation _____</p>	<p>Personal/Floating Holiday - Calendar <u>X</u></p> <p>Personal/Floating Holiday - Anniversary <u>X</u></p>
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Day/Date(s) Requested Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Leonard E. Ayres
 Employee's Signature

10-16-01
 Date

 SUPERVISOR'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

Larry E. Hill
 FOREMAN'S SIGNATURE

10-19-01
 DATE

☒ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wj:dlw
 September 23, 1999

OCT 20 2001
 WEEK ENDING

A00293

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>8-17-98</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Leonard E. Ayres</u>		SS# <u>222-50-6258</u>	<input checked="" type="checkbox"/> Union <u>5020</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION:			
<input type="checkbox"/> 1/4 Day		Date Requested _____	
<input type="checkbox"/> Full Day(s)		Date(s) Requested <u>8-26-02</u> — <u>9-9-02</u>	
FLOATING HOLIDAY:			
Date Requested <u>8-8-02</u>		(circle one) <u>Calendar</u> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Leonard E. Ayres</u>		Date <u>8-6-02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		02 AUG 7 3:	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Hill</u> Date <u>8-5-02</u>	Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00294

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>8-17-98</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Leonard E Ayres</u>		SS# <u>222-50-6258</u>	
<div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> Union <u>0680</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION:			
<input type="checkbox"/> 1/2 Day		Date Requested <u>8-26-02</u>	
<input type="checkbox"/> Full Day(s)		Date(s) Requested <u>8-26-02</u> <u>9-9-02</u>	
FLOATING HOLIDAY:			
Date Requested <u>8-8-02</u>		(circle one) <input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Leonard E Ayres</u>		Date <u>8-6-02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
Vacation		Floating Holidays	
1) Total Days Due:	_____	Total Days Due:	_____
2) Days Requested:	_____	Days Requested:	_____
3) Days Remaining:	_____	Days Remaining:	_____
(1 - 2 = 3)		<u>02 AUG 7</u>	
Human Resources Representative's Signature _____		Date <u>8/17/02</u>	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Hill</u>	Date <u>8-5-02</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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Vacation Form 0701.wpd

A00295

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>8-17-98</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Leonard Ayres</u>		SS# <u>222-50-6258</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION:			
<input type="checkbox"/> 1/2 Day		Date Requested _____	
<input type="checkbox"/> Full Day(s)		Date(s) Requested <u>Money Only 2 WKS.</u>	
FLOATING HOLIDAY: (circle one)			
Date Requested _____		Calendar	Anniversary
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Leonard E. Ayres</u>		Date <u>8-13-03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		02 AUG 15 2003	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Hiff</u>	Date <u>8-13-03</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>8-17-98</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Leonard E Ayres</u>		SS# <u>222-50-6258</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: <u>September 25th + 26th</u> (circle one) Date Requested <u>2 Personal Days</u> <u>Calendar</u> <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Leonard E Ayres</u> Employee Signature		<u>9-16-03</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		03 SEP 18 2003	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____	PAYROLL SEP 27 2003 WEEK ENDING	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>			
<u>Larry Hiff</u> Signature	<u>9-16-03</u> Date	Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00297

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>8-17-98</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Leonard E Ayres</u>		SSN <u>222-50-6258</u>	
		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: <u>September 25th + 26th</u> (circle one) Date Requested <u>2 Personal Days</u> <u>Calendar</u> <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Leonard E Ayres</u> Employee Signature		<u>9-16-03</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		03 SEP 18 2003	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> PAYROLL SEP 27 2003 WEEK ENDING </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Larry Hill</u> Signature Date <u>9-16-03</u>	Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>5-15-03</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Arthur Belfield</u>		SS# <u>222-50-2027</u>	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>10-3-03</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Arthur Belfield</u> Employee Signature		<u>10-1-03</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____	<div style="border: 1px solid black; padding: 10px; transform: rotate(-5deg);"> PAYROLL OCT 04 2003 WEEK ENDING </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Gibbs</u>	Date <u>10-1-03</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>3-4-04</u> Dept. <u>Livehaul</u>	
Employee Name: <u>Arthur Belfield</u>		SS# <u>222-50-2027</u>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>3-1-04</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Arthur Belfield</u> Employee Signature		<u>3-4-04</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5-15-04</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)		<div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;"> MAR 06 2004 WEEK ENDING </div> Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Hill</u> <u>3-4-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>5-3-04</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Arthur Bel Field</u>		SS# <u>222-50-2027</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input checked="" type="checkbox"/> Other <u>Money Only</u>			
<input type="checkbox"/> Full Day		Time Requested FROM <u> </u> TO <u> </u>	
<input type="checkbox"/> Extended Period		Date Requested <u> </u>	
<input type="checkbox"/> Extended Period		Dates Requested FROM <u> </u> TO <u> </u>	
FLOATING HOLIDAY:			
Date Requested <u> </u>		(circle one) <input type="checkbox"/> Calendar <input checked="" type="checkbox"/> Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.			
<u>Arthur Bel Field</u>		<u>5-3-04</u>	
Employee Signature		Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5 / 15 / 03</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: <u> </u>		Total Days Eligible: <u> </u>	
2) Days Taken: <u> </u>		Days Taken: <u> </u>	
3) Days Requested: <u> </u>		Days Requested: <u> </u>	
4) Days Remaining: <u> </u>		Days Remaining: <u> </u>	
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature		Date	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Larry Hill</u>		<u>5-3-04</u>	
Signature		Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature		Date	
Signature		Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>5-9-94</u> Dept. <u>Live haul</u>
Employee Name: <u>Donald Gibbs</u>	SS# <u>222-40-0288</u> <input checked="" type="checkbox"/> Union <u>SB 20</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/4 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____	
FLOATING HOLIDAY: Date Requested <u>3-11-02</u> (circle one) <u>Calendar</u> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
Employee Signature <u>Donald Gibbs</u>	Date <u>3-11-02</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2 <i>To Be Completed by Human Resources</i>	
Vacation 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	Floating Holidays Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____ Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Gibbs</u> <u>3-8-02</u> Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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MOUNTAIRE FARMS OF DELMARVA**Request for Vacation or Floating Holiday****SECTION 1** To Be Completed by Employee Date of Hire 5-9-94 Dept LivehaulEmployee Name: Donald Gibbs SS# 222-40-0288 ☒ Union 850
☐ Non-Union Hourly
☐ Salaried**VACATION:**☐ 1/4 Day

Date Requested _____

☐ Full Day(s)Date(s) Requested Money only2 weeks**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs
Employee Signature4-22-02
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources**Vacation**

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

Floating Holidays

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐Larry E. J. J. J.
Signature4-22-02
Date

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE

Time Off Request Form

Name Donald G. Gibbs S.S.# 222-40-0288

Date of Hire 5-9-94 Department Livehaul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5026

(CHECK ONE):
Vacation _____

Personal/Floating
Holiday - Calendar

X pd w/E
2-10-01

Personal/Floating
Holiday - Anniversary

X

Day/Date(s) Requested

Money Only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES THEY WILL COUNSEL ACCORDINGLY.

Donald Gibbs
Employee's Signature

6-22-01
Date

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

Larry Gibbs
FOREMAN'S SIGNATURE

DATE

6-22-01 ☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PAYROLL

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

23 2001

WEE

END

MOUNTAIRE

Time Off Request Form

Name Donald Gibbs S.S.# 222-40-0288Date of Hire 5-9-94 Department Live haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620

(CHECK ONE):

Vacation

Personal/Floating
Holiday - Calendar☒Personal/Floating
Holiday - AnniversaryDay/Date(s) Requested Thurs. 2-8-01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Donald L. Gibbs
Employee's Signature

2-8-01
Date

4 FEB 6 30

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED
Larry Gibbs
FOREMAN'S SIGNATURE

DATE

☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PA
FEB 11 2001
WEE

MOUNTAIRE

Time Off Request Form

Name Donald Gibbs S.S.# 222-40-0288

Date of Hire 5-9-94 Department Live haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5620

<p>(CHECK ONE):</p> <p>Vacation <input checked="" type="checkbox"/></p>	<p>Personal/Floating Holiday - Calendar <input type="checkbox"/></p> <p>Personal/Floating Holiday - Anniversary <input type="checkbox"/></p>
---	--

Day/Date(s) Requested Cash only 2 weeks

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Donald Lee Gibbs
Employee's Signature

4-25-01
Date

01 APR 26 31

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

Larry E. Gibb
FOREMAN'S SIGNATURE

4-25-01
DATE

☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PAYROLL

APR 28 2001

WEEK END

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

5-9-03
5-9-94Dept. Live hawk

Employee Name:

Donald Gibbs

SS#

222-40-0288☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested _____

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs
Employee Signature

6-30-03
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

03 JUN 30

SECTION 2*To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

Floating Holidays

Total Days Due: _____

Days Requested: _____

Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 5-9-94Dept. LivestockEmployee Name: Donald GibbsSS# 222-40-0288

- ☒ Union SDO
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested 6-23-03

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Donald GibbsDate 6-23-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐Signature Larry GibbsDate 6-23-03

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00308

<div style="display: flex; justify-content: space-between;"> MOUNTAIRE Request for Vacation or Floating Holiday </div>			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 1</div>	<i>To Be Completed by Employee</i> Date of Request <u>2-10-04</u> Dept. <u>Live haul</u>		
Employee Name: <u>Donald Gibbs</u> SS# <u>222-40-0288</u>			<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>2-11-04</u> (circle one) <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i> <u>Donald Gibbs</u> <u>2-10-04</u> Employee Signature Date			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 2</div>		<i>To Be Completed by Human Resources</i> DATE OF HIRE: <u>5.9.94</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____	Total Days Eligible: _____	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 100px;"> PAYROLL FEB 14 2004 WEEK ENDING </div>	
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 3</div>			
<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Harry Hills</u>	Date <u>2-10-04</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

A00309

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>6-18-04</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Donald Giff</u>		SS# <u>222-40-0288</u> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>6-18-04</u> <u>Paid</u> (circle one) <u>OK</u> <u>Calendar</u> <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i> <u>Donald Giff</u> <u>6-17-04</u> Employee Signature Date			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>5.9.94</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> PAYROLL JUN 19 2004 WEEK ENDING </div>		Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Giff</u> <u>6-17-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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MOUNTAIRE FARMS OF DELMARVA**Request for Vacation or Floating Holiday****SECTION 1***To Be Completed by Employee*

Date of Hire

5-9-94

Dept.

Livestock

Employee Name:

Donald G. Gibbs

SSN

222-40-0288
☒ Union 5620
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

6-5-02

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs
 Employee Signature

6-7-02
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation****Floating Holidays**

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: PAID

(1 - 2 = 3)

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐
Larry H. H. 6-7-02
 Signature Date

Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

5-9-94

Dept.

Live haul

Employee Name:

Donald Gibbs

SS#

222-40-0288☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

Holiday 4/5-10-032 WKS Money Only**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Donald Gibbs

Employee Signature

Date

4-25-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

VacationFloating Holidays

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature

Date

PAYROLL**SECTION 3**

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐

SUPERINTENDENT:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐

PLANT MANAGER:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MAY 10 2003WEEK ENDING

C:\DATA\DATA\FORMS\VA\HOLIDAY\HOLIDAY

A00312

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>2/24/03</u>	Dept. <u>5620</u> <i>Line Hand</i>
Employee Name: <u>Henry Harmon</u>		SS# <u>222-38-2917</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested _____ </div> </div>			
FLOATING HOLIDAY: <div style="display: flex; justify-content: space-between;"> <div> Date Requested <u>July 4th, 2003</u> </div> <div> (circle one) <input checked="" type="radio"/> Calendar <input type="radio"/> Anniversary </div> </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>Henry Harmon</u>		Date <u>6-18-03</u>	
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	2) Days Requested: _____	Total Days Due: _____	Days Requested: _____
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____	<div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> PAYROLL JUL 05 2003 WEEK ENDING </div>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Jeff</u> Date <u>6-23-03</u>	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

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A00313

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>1/21/04</u>	Dept. <u>5622</u>
Employee Name: <u>Henry Harmon</u>		SS# <u>222-38-2917</u>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried			
VACATION: <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day _____ <input type="checkbox"/> Extended Period _____		Time Requested FROM _____ TO _____ Date Requested _____ Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>1-19-04</u>		(circle one) <input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature: <u>Henry Harmon</u>		Date: <u>1/21/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>2/24/2003</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)	Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> PAYROLL JAN 21 2004 WEEK END </div>		
Human Resources Representative's Signature _____ Date _____			
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Gibbs</u> Date _____	Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

PAWP Forms\CORVAI

A00314

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i>	Date of Request <u>2/17/04</u>	Dept. <u>5622</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Employee Name: <u>Henry Harman</u> SS# <u>222-38-2917</u>			
VACATION: <input type="checkbox"/> Other <u>money only</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested <u>1 wk</u> <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested _____ (circle one) Calendar Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature: <u>Henry Harman</u>			Date: <u>2-17-04</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2	<i>To Be Completed by Human Resources</i>	DATE OF HIRE: <u>2, 24, 03</u> Floating Holidays	
Vacation		Floating Holidays	
1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)	Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ <u>PAYROLL</u> <u>FEB 21 2004</u> <u>WEEK ENDING</u>	Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		Signature _____ Date _____	
Signature: <u>Larry E. Hill</u> Date: <u>2-17-04</u>		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

PAWP Form 1001A11HRM11 -

A00315

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i>	Date of Request <u>4/7/04</u>	Dept. <u>5622-3</u>
Employee Name: <u>Henry Harmon</u>		SS# <u>222-38-2917</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>April 7, 2004</u> Calendar <u>(circle one) Anniversary</u>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> Employee Signature: <u>Henry Harmon</u> Date: <u>4/7/04</u>			
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2		<i>To Be Completed by Human Resources</i>	
Vacation		DATE OF HIRE: <u>2/24/03</u>	
1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PAYROLL APR 10 2004 WEEK ENDING </div>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3		<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature: <u>[Signature]</u> Date: _____		Signature: _____ Date: _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature: _____ Date: _____		Signature: _____ Date: _____	
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

PAWP Forms\CORVALLHR11

A00316

MOUNTAIRE

Time Off Request Form

Name Herman L. Jernigan S.S.# 231-30-3599Date of Hire 7-25-94 Department L.H.☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620

(CHECK ONE):

Vacation

Personal/Floating

Holiday - Calendar

Personal/Floating

Holiday - Anniversary

Day/Date(s) Requested 2-9-2001

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Herman L. JerniganDate 2-6-2001

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE

OF DAYS REQUESTED

OF DAYS LEFT

PAYROLL
FEB 10 2001
WEEK END

MOUNTAIRE Time Off Request Form

Name HERMAN L. JENNIGS JR. S.S.# 221-30-3547
 Date of Hire 7-25-94 Department Livehaul (Catcher)
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 3628

(CHECK ONE): Vacation <u>✓</u>	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - Anniversary _____
-----------------------------------	---

Day/Date(s) Requested Money Only (2 wks) 21 JUL 2

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

[Signature] 7-9-2001
 Employee's Signature Date

 SUPERVISOR'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

[Signature]
 FOREMAN'S SIGNATURE

7-9-01
 DATE

☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

FORM 011 wj:km
September 23, 1999

PAYROLL
 JUL 07 2001
 WEEK ENDING

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

7-25-1994

Dept

L-14

Employee Name

Herman L Jernigan☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

2-20-02☒ Full Day(s)

Date(s) Requested

2-21-2002**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Herman L Jernigan
Employee Signature

2-20-2002
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

- 1) Total Days Due: _____
2) Days Requested: _____
3) Days Remaining: _____
(1 - 2 = 3)

Floating Holidays

- Total Days Due: _____
Days Requested: _____
Days Remaining: _____

PAYROLLFEB 23 2002WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Larry Hill
Signature

2-20-02
Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00319

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 7-25-94Dept. live haulEmployee Name: Herman TerwigenSS# 221-30-3547
☒ Union 5630
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)Date(s) Requested 2 Wks Money Only**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Herman TerwigenDate 7-9-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐Disapproved ☐

SUPERINTENDENT:

Approved ☐Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN:

Approved ☒Disapproved ☐

PLANT MANAGER:

Approved ☐Disapproved ☐Signature Larry H. B.Date 7-9-02

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00320

MOUNTAINE Time Off Request Form

Name HARRMAN Jermigan S.S.# 221-30-3547Date of Hire 7-25-1994 Department L-Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED(CHECK ONE):
Vacation _____Personal/Floating
Holiday - CalendarPersonal/Floating
Holiday - AnniversaryDay/Date(s) Requested 7-26-2001

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Jermigan
Employee's Signature

7-23-2001
Date

SUPERVISOR'S SIGNATURE

Larry E. Gibb
FOREMAN'S SIGNATURE

SUPERINTENDENT'S SIGNATURE

PLANT MANAGER'S SIGNATURE

DATE

DATE

DATE

DATE

☐ APPROVED ☐ DISAPPROVED☒ APPROVED ☐ DISAPPROVED☐ APPROVED ☐ DISAPPROVED☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FORM 011 wj:dlm
September 23, 1999

A00321

PAYROLL
JUL 28 2001
WEEK ENDING

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>7/25/94</u> Dept. <u>5620</u>		
Employee Name: <u>Herman Ternigan</u> SS# <u>221-30-3547</u> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> ½ Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: (circle one) Date Requested <u>money only</u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>[Signature]</u>		Date <u>7-20-02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1)	Total Days Due: _____	Total Days Due: _____	_____
2)	Days Requested: _____	Days Requested: _____	_____
3)	Days Remaining: _____	Days Remaining: _____	_____
(1 - 2 = 3)		<u>JUL 27 2002</u> <u>WEEK 7</u>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u> Date <u>7/26/02</u>		Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00322

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

7-25-94Dept. Live haul

Employee Name:

Herman Teruigan

SSN

221-30-3547
☒ Union 5020
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ ½ Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

1-31-03Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Herman Teruigan

Date

1-28-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

02 JAN 29

VacationFloating Holidays

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00323

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 7-25-94Dept. LivestockEmployee Name: Herman JerniganSSN 221-38-3547
☒ Union
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)Date(s) Requested 2 Wks. Money onlyHold until 4/6 7-26-03**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Herman Jernigan
 Employee Signature

7-7-03
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

33 JUL 9 2003

VacationFloating Holidays

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

PAID
JUL 20 2003
WEEK ENDING

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Larry Giff 7-7-03
 Signature Date

 Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00324

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

2020

SECTION 1 To Be Completed by Employee

Date of Hire 7-25-94 Dept. Live haul

Employee Name: Herman Teruigan SSN 221-303547

☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY: (circle one)
Date Requested 8-1-03 Calendar Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Herman Teruigan Date 7-28-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

Vacation	Floating Holidays
1) Total Days Due: _____	Total Days Due: _____
2) Days Requested: _____	Days Requested: _____
3) Days Remaining: _____	Days Remaining: _____
(1 - 2 = 3)	AUG 02 2003 WEEK 31

Human Resources Representative's Signature _____ Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry H. AB</u> <u>7-28-03</u> Signature _____ Date _____	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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